CLAIMS ONLY

Application Number: 10/799553

Filing Date:

Applicant(s):

Left table (Claims 1–50):

CLAIMS	AS FILED Indep	AS FILED Depend	AFTER FIRST AMENDMENT Indep	AFTER FIRST AMENDMENT Depend	AFTER SECOND AMENDMENT Indep	AFTER SECOND AMENDMENT Depend
1	1					
2		1				
3		1				
4		2				
5						
6	1					
7						
8		1				
9		2				
10		3				
11		2				
12		2				
13						
14						
15						
16						
17						
18						
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40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
Total Indep	2					
Total Depend	14					
Total Claims	16					

* May be used for additional claims or amendments

Right table (Claims 51–100):

CLAIMS	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
53						
54						
55						
56						
57						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
Total Indep						
Total Depend						
Total Claims						